## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY		
FOR		NUMB	ER FILED	NUMBER	NUMBER EXTRA		FEE	1	RATE	FEE	
ВА	SIC FEE						380.00	OR		760.00	
ТС	TAL CLAIMS	28	minus	20= * -2		X\$ 9=		OR	X\$18=	144	
INC	EPENDENT C	_AIMS /	minus	3 = *		X39=		OR	X78=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT	+130=		OR	+260=				
* If	the difference	in column 1 is	less than ze	TOTAL		OR	TOTAL	904			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A	The second	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
<b>∆ME</b>	Independent	*	Minus	***	=	X39=	·	OR	X78=		
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
	•					TOTAL	9		TOTAL		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDIT. FEE		
AMENDMENT B	ž,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	*** PENDENT CLAIM	= .	X39=		OR	X78=		
	FINOT FNESE	NIATION OF M	OLTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=		
	·					TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	. , ,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	* '	Minus	***	= .	X39=		ł	X78=		
۷	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT CLAIM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		OR	∧/o=		
* 1	f the entry in colu	nn 1 is less than t	ne entry in colu	mn 2 write "0" in co	lumn 3	+130=		OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Tetal as Independent) in the highest Number (found in the consequence of the paid For") of the highest Number (found in the consequence of the paid For") of the highest Number (found in the consequence of the paid For") of the paid For" (Tetal as Independent) in the highest Number (found in the consequence of the paid For") of the paid For" (Tetal as Independent) in the highest Number (found in the consequence of the paid For") of the paid For" (Tetal as Independent) in the paid For (Tetal as Independent											

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

		Total Fe	e Calcul	ation				
*		Total		41101				
e e e	Fee Code	# Claims	Number Extra	X	Fee	Fee		Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	0	<b>(</b> )			<del></del>	=	100
Total Claims >20	203/103	28 -20	<u> </u>	X		18	<b>=</b> .	14.4
Independent Claims >3	202/102		=	x			=	
Mult. Dep Claim Present	204/104				-		=	
Surcharge	<b>2</b> 05/105						=	130
English Translation	139							
TOTAL FEE CALCULA	ATION				٠			1034
Fees due upon filing t	he applicatio	n:					>•	
Total Filing Fees Due	= \$_	1034	· · · · · · · · · · · · · · · · · · ·	<del></del>				* /
Less Filing Fees Subn	nitted -\$_							
BALANCE DUE	_ = \$ _							

FORM OIPE-RAM-01 (Rev. 12/97)